

TITLE XIX

71

Transmittal No.

87-2

Revision: HCFA-AT-84-2 (BERC)  
01-84

OFFICIAL

State: VERMONT

=====

CITATION: 42 CFR Part 434.4 (48 FR 54013)

4.23 Use Of Contracts

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

[X] Not applicable. The State has no such contracts.

-----

Supersedes TN #

84-15  
APR 2 1984

Approval Date:

Effective Date:

JAN 1 1984